

AD

03/14/2005 15:36 FAX 512 536 4598

FULBRIGHT @ JAWORSKI

001/007

MAR 15 2005

**FULBRIGHT & JAWORSKI L.L.P.**

A REGISTERED LIMITED LIABILITY PARTNERSHIP  
600 CONGRESS AVENUE, SUITE 2400  
AUSTIN, TEXAS 78701-3271  
WWW.FULBRIGHT.COM

**FACSIMILE TRANSMISSION****DATE:** March 14, 2005**MATTER NUMBER:**

10402410

UHGS:132US

<b>RECIPIENT:</b>	<b>FAX NO.:</b>	<b>PHONE NO.:</b>
Patent and Trademark Office	703/746-9195	703/308-1202

**FROM:** Michelle Nezamabadi**USER ID:** MN12728 **FLOOR:** 20**PHONE:** (512) 536-3119**FAX:** (512) 536-4598**RE:** REQUEST FOR CORRECTED FILING RECEIPT**NUMBER OF PAGES WITH COVER PAGE:** 7 **Originals Will Not Follow****Message:**

Please file this Request for Corrected Filing Receipt in the matter referenced below.

U.S. Application No.. 10/788,674, entitled "MODELING RETURN ON INVESTMENT RELATED TO HEALTH CARE SERVICES" by Archelle Georgiou and William W. McGuire

Thank you for your attention to this matter.

**CAUTION - CONFIDENTIAL**

THE INFORMATION CONTAINED IN THIS FACSIMILE IS CONFIDENTIAL AND MAY ALSO CONTAIN PRIVILEGED ATTORNEY-CLIENT INFORMATION OR WORK PRODUCT. THE INFORMATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHOM IT IS ADDRESSED. IF YOU ARE NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY USE, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS ABOVE VIA THE U.S. POSTAL SERVICE. THANK YOU.

**IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL  
MICHELLE NEZAMABADI at 512/536-3119AS SOON AS POSSIBLE.**

**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:  
Archelle Georgiou  
William W. McGuire

Serial No.: 10/788,674

Filed: February 27, 2004

For: MODELING RETURN ON INVESTMENT  
RELATED TO HEALTH CARE  
SERVICES

Group Art Unit: 3626

Examiner: Unknown

Atty. Dkt. No.: UHGS:132US

**CERTIFICATE OF MAILING**  
37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, . facsimile number (703) 746-9195 on the date below:

March 14, 2005  
Date

David D. Bahler

**REQUEST FOR CORRECTED FILING RECEIPT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

A corrected filing receipt is requested in view of the error that appears in the original. For the convenience of the Patent and Trademark Office, attached is a photocopy of the original receipt on which the error has been noted.

There is an error in the title. Please delete "MODELING RETURE ON INVESTMENT RELATED TO HEALTH CARE SERVICES" and add -MODELING RETURN ON INVESTMENT RELATED TO HEALTH CARE SERVICES-. In support of this requested correction, Applicants attach a copy of the inventors' Declaration filed November 4, 2004.

25513290.1

No fee is believed to be due in connection with the filing of this document. However, should any fee under 37 C.F.R. §§ 1.16 to 1.21 be deemed necessary for any reason relating to this document, the Commissioner is authorized to deduct the appropriate fee from Fulbright & Jaworski Deposit Account No.: 50-1212/UHGS:132US.

Please date stamp and return the enclosed postcard evidencing receipt of these materials.

Respectfully submitted,



David D. Bahler  
Reg. No. 30,932  
Attorney for Applicants

FULBRIGHT & JAWORSKI L.L.P.  
600 Congress Avenue, Suite 2400  
Austin, Texas 78701  
(512) 474-5201

Date: March 14, 2005



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/788,674	02/27/2004	3626	548	UHGS:132US	15	12	5

Michael C. Barrett, Esq.  
FULBRIGHT & JAWORSKI, L.L.P.  
Suite 2400  
600 Congress Avenue  
Austin, TX 78701

CONFIRMATION NO. 3594

## UPDATED FILING RECEIPT



\*OC000000014282642\*

Date Mailed: 11/04/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Archelle Georgiou, Wayzata, MN;  
William W. McGuire, Wayzata, MN;

Power of Attorney: The patent practitioners associated with Customer Number 32425.

## Domestic Priority data as claimed by applicant

This appln claims benefit of 60/450,440 02/27/2003

## Foreign Applications

If Required, Foreign Filing License Granted: 05/20/2004

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US10/788,674**

Projected Publication Date: 02/10/2005

Non-Publication Request: No

Early Publication Request: No

S/

UHGS132US  
MB

**\*\* SMALL ENTITY \*\*****Title****RETURN**Modeling ~~return~~ on investment related to health care services**Preliminary Class**

705

---

**LICENSE FOR FOREIGN FILING UNDER  
Title 35, United States Code, Section 184  
Title 37, Code of Federal Regulations, 5.11 & 5.15**

**GRANTED**

The applicant has been granted a license under 35 U.S.C. 184, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" followed by a date appears on this form. Such licenses are issued in all applications where the conditions for issuance of a license have been met, regardless of whether or not a license may be required as set forth in 37 CFR 5.15. The scope and limitations of this license are set forth in 37 CFR 5.15(a) unless an earlier license has been issued under 37 CFR 5.15(b). The license is subject to revocation upon written notification. The date indicated is the effective date of the license, unless an earlier license of similar scope has been granted under 37 CFR 5.13 or 5.14.

This license is to be retained by the licensee and may be used at any time on or after the effective date thereof unless it is revoked. This license is automatically transferred to any related applications(s) filed under 37 CFR 1.53(d). This license is not retroactive.

The grant of a license does not in any way lessen the responsibility of a licensee for the security of the subject matter as imposed by any Government contract or the provisions of existing laws relating to espionage and the national security or the export of technical data. Licensees should apprise themselves of current regulations especially with respect to certain countries, of other agencies, particularly the Office of Defense Trade Controls, Department of State (with respect to Arms, Munitions and Implements of War (22 CFR 121-128)); the Office of Export Administration, Department of Commerce (15 CFR 370.10 (j)); the Office of Foreign Assets Control, Department of Treasury (31 CFR Parts 500+) and the Department of Energy.

**NOT GRANTED**

No license under 35 U.S.C. 184 has been granted at this time, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" DOES NOT appear on this form. Applicant may still petition for a license under 37 CFR 5.12, if a license is desired before the expiration of 6 months from the filing date of the application. If 6 months has lapsed from the filing date of this application and the licensee has not received any indication of a secrecy order under 35 U.S.C. 181, the licensee may foreign file the application pursuant to 37 CFR 5.15(b).

PATENT  
UHGS:132USDECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or the below named inventors are the original, first and joint inventors (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **MODELING RETURN ON INVESTMENT RELATED TO HEALTH CARE SERVICES**, the Specification of which:

- ☐ is attached hereto.  
☒ was filed on **February 27, 2004** as Application Serial No. **10/788,674**.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability of the subject matter claimed in this application, as "materiality" is defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim priority benefits under Title 35, United States Code, § 119 or 365(b) of any foreign application(s) for patent, United States provisional application(s), or inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent, United States provisional application, or inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIORITY APPLICATION(S)			Priority Claimed
60/450,440	USA	February 27, 2003	YES
(Number)	(Country)	(Date Filed)	Yes/No
(Number)	(Country)	(Date Filed)	Yes/No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below or any PCT international application(s) designating the United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to

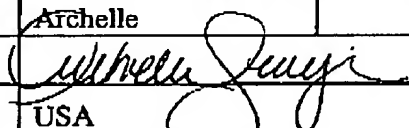
disclose all information known to me to be material to patentability of the subject matter claimed in this application, as "materiality" is defined in Title 37, Code of Federal Regulations, § 1.56, which become available between the filing date of the prior application and the national or PCT international filing date of this application: NONE.

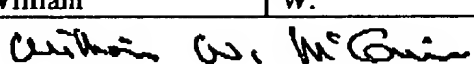
(Application Serial No.)	(Filing Date)	(Status)
--------------------------	---------------	----------

(Application Serial No.)	(Filing Date)	(Status)
--------------------------	---------------	----------

I hereby direct that all correspondence and telephone calls be addressed to Michael C. Barrett, Fulbright & Jaworski L.L.P., 600 Congress Avenue, Suite 2400, Austin, Texas 78701, (512) 474-5201.

I HEREBY DECLARE THAT ALL STATEMENTS MADE OF MY OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE; AND FURTHER THAT THESE STATEMENTS WERE MADE WITH THE KNOWLEDGE THAT WILLFUL FALSE STATEMENTS AND THE LIKE SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION OR ANY PATENT ISSUED THEREON.

Inventor's Full Name:	Archelle	Georgiou
Inventor's Signature:		
Country of Citizenship:	USA	Date: 10/5/04
Residence Address: (street, number, city, state, and/or country)	1420 Shoreline Drive Wayzata, MN 55391	
Post Office Address: (if different from above)		

Inventor's Full Name:	William	W.	McGuire
Inventor's Signature:			
Country of Citizenship:	USA	Date: 9/27/04	
Residence Address: (street, number, city, state, and/or country)	315 Woodhill Road Wayzata, MN 55391		
Post Office Address: (if different from above)			